



# SEASONS OF BALANCE

## FAMILY ACUPUNCTURE, LLC

1106 4<sup>th</sup> Ave. Woodruff, WI 54568 715-220-6574  
www.seasonsofbalance.com

### Placenta Encapsulation Waiver

I, \_\_\_\_\_ understand that in acknowledgement of placental practices, choosing to encapsulate my placenta is not intended to prevent or treat any physical or mental diseases, ailments, or symptoms and that I am choosing to consume my placenta for my own personal beliefs.

I understand that the act of ingesting my placenta in any form has not been tested, nor approved by the FDA, and I ingest this at my own risk. Furthermore, I release Vanessa Tippett and Seasons of Balance Family Acupuncture, and its representatives from any liability. Services and fees are for the preparation and encapsulation of my placenta and not for the sale of the pills.

Vanessa Tippett and Seasons of Balance Family Acupuncture view each placenta as a sacred connection between mother and child and will treat it accordingly. If my placenta is not encapsulated in my own home, I put full trust and acknowledgement that it is being handled in a sanitary and safe environment. I do not hold Vanessa Tippett and Seasons of Balance Family Acupuncture responsible or liable for any transport mishap that is beyond their control (i.e. car accident or detainment), and understand that I am choosing to have the specialist encapsulate my placenta in their home.

I understand that my placenta will be handled and encapsulated according to the Traditional Chinese Medicine method, and will be cleaned, steamed, dehydrated and put into pill form.

\_\_\_ Any complications during or after birth, such as hemorrhaging, that would warrant a change in the preparation of my placenta will be discussed with Vanessa Tippett upon transfer of my placenta.

\_\_\_ I consent to the use of ginger, jalapeno, and lemongrass for their TCM properties during steaming. Upon receiving my placenta capsules from Vanessa Tippett and Seasons of Balance Family Acupuncture, I waive any and all rights to hold the specialist responsible for any undesired effect of consuming the capsules.

Before release of my placenta to Vanessa Tippett and Seasons of Balance Family Acupuncture, my care provider and I have determined that my placenta is healthy and suitable for encapsulation.

\_\_\_ My placenta does not contain any transmittable diseases (such as Hepatitis-B, -C, or HIV/AIDS).

\_\_\_ My placenta has been handled in a manner appropriate for safe food preparation since the birth.

I understand that upon receiving the pills, Vanessa Tippett and Seasons of Balance Family Acupuncture is no longer liable, including but not limited to any other person(s) ingesting my own placenta capsules.

Written instructions for suggested consumption and storage will be given with delivery of capsules.

\_\_\_ The capsules should not be taken during times of illness, such as the common cold, flu, fever, or mastitis. I understand that taking the capsules can make these conditions worsen.

Total charges are \$150 plus .50 cents per mile outside of a 20 mile radius from Seasons of Balance Family Acupuncture in Woodruff, WI.

A non-refundable deposit of \$50 is required when signing this agreement.

The balance of \_\_\_\_\_ must be paid when the capsules are received. [ $\$100 + (\text{_____} \times .50)$ ]

Client's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness's signature: \_\_\_\_\_ (birth partner)

Date: \_\_\_\_\_

Client's phone number: \_\_\_\_\_

Birth location: \_\_\_\_\_

\_\_\_\_\_

Expected date of delivery: \_\_\_\_\_